

MULTIPLE DEPEN CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/576238	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	+ C					51					1			
2						52					1			
3						53					1			
4						54					1			
5						55					1			
6						56					1			
7						57					1			
8						58					1			
9						59					1			
10						60					1			
11						61					1			
12						62					1			
13						63					1			
14						64					1			
15						65								
16						66								
17						67								
18						68								
19						69								
20						70								
21						71								
22						72								
23						73								
24						74								
25						75								
26						76								
27						77								
28						78								
29						79								
30						80								
31						81								
32						82								
33						83								
34						84								
35						85								
36						86								
37						87								
38						88								
39						89								
40						90								
41						91								
42						92								
43						93								
44						94								
45						95								
46						96								
47						97								
48						98								
49						99								
50						100								
TOTAL IND.						TOTAL IND.								
TOTAL DEP.						TOTAL DEP.								
TOTAL CLAIMS						TOTAL CLAIMS								